

July 23, 1973

Dr. Paul Berg
Department of Biochemistry
Stanford University Medical Center
Stanford, California 94305

Dear Paul:

In response to your letter about guidelines for investigators working with infectious agents and institutional monitoring committees, I would hope the American Cancer Society could refer to a published set of guidelines from NIH rather than come up with its own. Such a document is available and is now being revised.

My general view is that ACS should require monitoring by the institution sponsoring research involving agents potentially hazardous to people, first in regard to procedures for handling the agents, and second, for testing the adequacy of these procedures. I think it is possible to write down certain procedural principles. For example: 1) potentially hazardous agents should be in covered containers at all times except when handled in appropriate hoods which can be decontaminated; 2) all contaminated materials should be autoclaved or otherwise sterilized; 3) mouth pipetting should be avoided; 4) decontamination procedures should be available in case of accidents; 5) the formation of aerosols should be minimized; 6) only approved personnel should use rooms where agents are grown or processed. In regard to testing the adequacy of procedures, in many instances periodic measurement of antibody levels of laboratory personnel would be most suitable.

Obviously these principles are not complete and as I indicated earlier, I would hope we can refer to an NIH document which would be more complete. However, I think it important to stress that generally we do not know that an agent used in research is hazardous to people and that the guidelines are intended to reduce the spread of such agents without requiring the very elaborate precautions needed for proven human pathogens.

With best regards,

Sincerely,

Daniel Nathans

DN:as